

Civilian Health Care Of Uniformed Service Members

Chapter 10

I. GENERAL

A. Introduction

1. This chapter provides instructions to contractors regarding their responsibilities under the Supplemental Health Care Program (SHCP) for civilian health care of eligible uniformed service members. Eligible members may include members in travel status (leave, TDY/TAD, permanent change of station), Navy/Marine Corps service members enrolled to deployable units and referred by the unit PCM (not an MTF), eligible Reserve component (RC) personnel, ROTC students, cadets/midshipmen, and eligible foreign military. Coverage under this chapter is for civilian health care of eligible uniformed service members other than MHS facility referred care (OPM Part Three, Chapter 9) and other than care rendered to enrollees in TRICARE Prime Remote (OPM Part Three, Chapter 8). Additionally, it provides general information regarding the roles and responsibilities of the Uniformed Services.

2. Categories of care/coverage include: emergency care, non-emergent care and pharmacy. Dental services are not included, and will continue to be processed under the currently established procedures applicable to the eligible member's parent service (see OPM Part Three, Chapter 9, Addendum B).

3. The provisions of this chapter do not apply to enrollees in the TRICARE Prime Remote program (OPM Part Three, Chapter 8) or to civilian services rendered pursuant to referral by an MTF provider (OPM Part Three, Chapter 9).

B. Service Point of Contact (SPOC)

The SPOC varies according to the patient's uniformed service. The SPOC for members of the Army, Navy/Marine Corps and Air Force will be the Tri-Service Military Medical Support Office (MMSO). The MMSO is established to provide a means to identify, manage and provide medical oversight of civilian health care furnished to Army, Navy/Marine Corps and Air Force service members. MMSO's functions include preauthorization of care when required, medical oversight for specialty care, the coordination and management of civilian routine and emergency hospital admissions; the initiation or coordination of medical boards; and the coordination of other military personnel-related actions. The Coast Guard, Public Health Service and NOAA have their own SPOCs for their service members. A list of Uniformed Service SPOCs is provided in Addendum A. The SPOCs will interact directly with the managed care support contractors using telephone, facsimile and automation links when available. Addendum B describes the protocols and procedures for coordination of authorizations with MMSO.

C. Contractor Responsibilities

1. The contractor shall provide payment for inpatient and outpatient medical services, including pharmacy services, for civilian health care received in the 50 United States and the District of Columbia by eligible uniformed service members in accordance with the provisions of this chapter. This change shall become effective upon a specific date to be directed by the Contracting Officer.

2. After payment of the claim, the contractor shall furnish reports as specified in this chapter.

D. Supplemental Health Care Program Differences

- 1.** Active Duty Service Members (ADSMs) have no cost-shares, copayments or deductibles. If they have been required by the provider to make “up front” payment they may upon approval be reimbursed in full for amounts in excess of what would ordinarily be reimbursable under TRICARE.
- 2.** Nonavailability Statement requirements do not apply.
- 3.** Supplemental Health Care Program claims are not included in the monthly claims audit and in the measurement of the claims processing standards in OPM Part One, Chapter 1, Section III.B. and Section III.C.
- 4.** If third party liability (TPL) is involved in a claim, claim payment will not be delayed during the development of TPL information.
- 5.** Supplemental Health Care claims processing standards are different from the TRICARE claim processing standards (OPM Part Three, Chapter 9, Section III.A.2.a.).